

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WELLINGTON PLACE OF BIRON (0009627)

Address: 1661 SOUTH BIRON DRIVE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095657 **End Date:** 09/21/2005 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009462 Served 10/11/2005

Deficiencies Cited

83.21(4)(o)

83.33(2)(g)3

Subject Area

MEDICATIONS

CBRF ARRANGE HEALTH VISITS AND DOCUMENT

Compliance
Verified

Corrected

Survey ID: 0094223 **End Date:** 02/02/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093158 **End Date:** 08/03/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091513 **End Date:** 10/16/2003 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: LICENSE/CERT/REGISTRATION ISSUED

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 10/06/2005 **SOD #**10009462 **Appealed:** No

Sanctions

FORFEITURE---83.21(4)(o)
FORFEITURE---83.33(2)(g)3

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Complaint History

Date Complaint Received: 07/01/2005

Date Investigation Completed: 09/20/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009462
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009462
MEDICATIONS	SUBSTANTIATED	10009462

Date Complaint Received: 12/27/2004

Date Investigation Completed: 02/02/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 06/16/2004

Date Investigation Completed: 08/03/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	

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